

**FRAMEWORK FOR THE ANNUAL REPORT OF  
THE STATE CHILDREN'S HEALTH INSURANCE PLANS  
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT**

**Preamble**

Section 2108(a) of the Act provides that the State must assess the operation of the State child health plan in each fiscal year, and report to the Secretary, by January 1 following the end of the fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children.

To assist States in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with States and CMS over the years to design and revise this Annual Report Template. Over time, the framework has been updated to reflect program maturation and corrected where difficulties with reporting have been identified.

The framework is designed to:

- ❖ Recognize the ***diversity*** of State approaches to SCHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their SCHIP programs, **AND**
- ❖ Provide ***consistency*** across States in the structure, content, and format of the report, **AND**
- ❖ Build on data ***already collected*** by CMS quarterly enrollment and expenditure reports, **AND**
- ❖ Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI.

**FRAMEWORK FOR THE ANNUAL REPORT OF  
THE STATE CHILDREN'S HEALTH INSURANCE PLANS  
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT**

State/Territory: NE  
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

Signature: \_\_\_\_\_  
**Richard P. Nelson, Director, HHS Finance & Support**

SCHIP Program Name(s): All, Kid's Connection

SCHIP Program Type:

- ☒ SCHIP Medicaid Expansion Only  
☐ Separate Child Health Program Only  
☐ Combination of the above

Reporting Period: 2005 *Note: Federal Fiscal Year 2004 starts 10/1/03 and ends 9/30/04.*

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Submission Date: 2/2/2006

*(Due to your CMS Regional Contact and Central Office Project Officer by January 1<sup>st</sup> of each year)  
Please copy Cynthia Pernice at NASHP (cpernice@nashp.org)*

## SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

- 1) To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. You are encouraged to complete this table for the different SCHIP programs within your state, e.g., if you have two types of separate child health programs within your state with different eligibility rules. If you would like to make any comments on your responses, please explain in narrative below this table.

	SCHIP Medicaid Expansion Program					Separate Child Health Program				
Eligibility						From		% of FPL conception to birth		% of FPL
	From	150	% of FPL for infants	185	% of FPL	From		% of FPL for infants		% of FPL
	From	133	% of FPL for children ages 1 through 5	185	% of FPL	From		% of FPL for 1 through 5		% of FPL
	From	100	% of FPL for children ages 6 through 16	185	% of FPL	From		% of FPL for children ages 6 through 16		% of FPL
	From	100	% of FPL for children ages 17 and 18	185	% of FPL	From		% of FPL for children ages 17 and 18		% of FPL

Is presumptive eligibility provided for children?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes, for whom and how long?	<input type="checkbox"/>	Yes, for whom and how long?
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Is retroactive eligibility available?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes, for whom and how long? For each eligible child meeting the criteria for 3 months prior to the date of the original application.	<input type="checkbox"/>	Yes, for whom and how long?
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your State Plan contain authority to implement a waiting list?	Not applicable		<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes
			<input type="checkbox"/>	N/A

Does your program have a mail-in application?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Can an applicant apply for your program over the phone?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program have an application on your website that can be printed, completed and mailed in?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Can an applicant apply for your program on-line?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes – please check all that apply	<input type="checkbox"/>	Yes – please check all that apply
	<input type="checkbox"/>	Signature page must be printed and mailed in	<input type="checkbox"/>	Signature page must be printed and mailed in
	<input type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)	<input type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)
	<input type="checkbox"/>	Electronic signature is required	<input type="checkbox"/>	Electronic signature is required
	<input type="checkbox"/>		<input type="checkbox"/>	No Signature is required
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require a face-to-face interview during initial application	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	Specify number of months		Specify number of months	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program provide period of continuous coverage regardless of income changes?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	Specify number of months 6		Specify number of months	
	Explain circumstances when a child would lose eligibility during the time period in the box below		Explain circumstances when a child would lose eligibility during the time period in the box below	

	Death; Move out of the state; Parental request to close the case; Move into an ineligible living arrangement; Turn 19 years old; or Inaccurate information at initial application.	
<input type="checkbox"/>	N/A	<input type="checkbox"/> N/A

Does your program require premiums or an enrollment fee?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	Enrollment fee amount		Enrollment fee amount	
	Premium amount		Premium amount	
	Yearly cap		Yearly cap	
	If yes, briefly explain fee structure in the box below		If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate)	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program impose copayments or coinsurance?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program impose deductibles?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require an assets test?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	If Yes, please describe below		If Yes, please describe below	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require income disregards?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	If Yes, please describe below		If Yes, please describe below	
	\$100 per month for each employed adult; Actual day care costs; Health insurance premiums for mom or dad.			
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Is a preprinted renewal form sent prior to eligibility expiring?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes, we send out form to family with their information pre-completed and	<input type="checkbox"/>	Yes, we send out form to family with their information pre-completed and
	<input checked="" type="checkbox"/>	We send out form to family with their information pre-completed and ask for confirmation	<input type="checkbox"/>	We send out form to family with their information pre-completed and ask for confirmation
	<input type="checkbox"/>	We send out form but do not require a response unless income or other circumstances have changed	<input type="checkbox"/>	We send out form but do not require a response unless income or other circumstances have changed
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

**Comments on Responses in Table:**

2. Is there an assets test for children in your Medicaid program? ☐ Yes ☒ No ☐ N/A
3. Is it different from the assets test in your separate child health program? ☐ Yes ☐ No ☒ N/A
4. Are there income disregards for your Medicaid program? ☒ Yes ☐ No ☐ N/A
5. Are they different from the income disregards in your separate child health program? ☐ Yes ☒ No ☐ N/A
6. Is a joint application used for your Medicaid and separate child health program? ☒ Yes ☐ No ☐ N/A

Enter any Narrative text below.

7. Have you made changes to any of the following policy or program areas during the reporting period? Please indicate “yes” or “no change” by marking appropriate column.

	Medicaid Expansion SCHIP Program			Separate Child Health Program		
	Yes	No Change	N/A	Yes	No Change	N/A
a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Application	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Benefit structure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Crowd out policies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Delivery system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Eligibility levels / target population	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Assets test in Medicaid and/or SCHIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Income disregards in Medicaid and/or SCHIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Eligibility redetermination process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Enrollment process for health plan selection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Family coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Outreach (e.g., decrease funds, target outreach)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Premium assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Prenatal Eligibility expansion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Waiver populations (funded under title XXI)						
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childless adults	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

r) Other – please specify

a.

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b.

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c.

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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. For each topic you responded yes to above, please explain the change and why the change was made, below:

a) Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	<hr/> <hr/>
b) Application	<hr/> <hr/>
c) Benefit structure	<hr/> <hr/>
d) Cost sharing (including amounts, populations, & collection process)	<hr/> <hr/>
e) Crowd out policies	<hr/> <hr/>
f) Delivery system	<hr/> <hr/>
g) Eligibility determination process (including implementing a waiting lists or open enrollment periods)	<hr/> <hr/>
h) Eligibility levels / target population	<hr/> <hr/>
i) Assets test in Medicaid and/or SCHIP	<hr/> <hr/>
j) Income disregards in Medicaid and/or SCHIP	<hr/> <hr/>
k) Eligibility redetermination process	<hr/> <hr/>
l) Enrollment process for health plan selection	<hr/> <hr/>



m) Family coverage	
n) Outreach	Targeted outreach in Lancaster County to minority, Limited English Speaking (LES) families, and homeless populations.
o) Premium assistance	
p) Prenatal Eligibility Expansion	
q) Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
r) Other – please specify	
a.	
b.	
c.	

Enter any Narrative text below.

## SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

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This section consists of three sub sections that gather information on the core performance measures for the SCHIP program as well as your State's progress toward meeting its general program strategic objectives and performance goals. Section IIA captures data on the core performance measures to the extent data are available. Section IIB captures your enrollment progress as well as changes in the number and/or rate of uninsured children in your State. Section IIC captures progress towards meeting your State's general strategic objectives and performance goals.

### SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

CMS is directed to examine national performance measures by the SCHIP Final Rules of January 11, 2001. To address this SCHIP directive, and to address the need for performance measurement in Medicaid, CMS, along with other Federal and State officials, developed a core set of performance measures for Medicaid and SCHIP. The group focused on well-established measures whose results could motivate agencies, providers, and health plans to improve the quality of care delivered to enrollees. After receiving comments from Medicaid and SCHIP officials on an initial list of 19 measures, the group recommended seven core measures, including four child health measures and three adult measures:

#### Child Health Measures

- Well child visits in the first 15 months of life
- Well child visits in the 3rd, 4th, 5th, and 6th years of life
- Use of appropriate medications for children with asthma
- Children's access to primary care practitioners

#### Adult Measures

- Comprehensive diabetes care (hemoglobin A1c tests)
- Adult access to preventive/ambulatory health services
- Prenatal and postpartum care (prenatal visits)

These measures are based on specifications provided by the Health Plan Employer Data and Information Set (HEDIS®). HEDIS® provides a useful framework for defining and measuring performance. However, use of HEDIS® methodology is not required for reporting on your measures. The HEDIS® methodology can also be modified based on the availability of data in your State.

The table should be completed as follows:

- |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Column 1: | <p>If you cannot provide a specific measure, please check the boxes that apply to your State for each performance measure, as follows:</p> <ul style="list-style-type: none"><li>• <u>Population not covered</u>: Check this box if your program does not cover the population included in the measure. For example, if your State does not cover adults under SCHIP, check the box indicating, "population not covered" for the three adult measures.</li><li>• <u>Data not available</u>: Check this box if data are not available for a particular measure in your State. Please provide an explanation of why the data are currently not available.</li><li>• <u>Not able to report due to small sample size</u>: Check this box if the sample size (i.e., denominator) for a particular measure is <b>less than 30</b>. If the sample size is less 30, your State is not required to report data on the measure. However, please indicate the exact sample size in the space provided.</li><li>• <u>Other</u>: Please specify if there is another reason why your state cannot report the measure.</li></ul> |
| Column 2: | <p>For each performance measure listed in Column 1, please indicate the measurement specification (i.e., were the measures calculated using the HEDIS® technical specifications, HEDIS®-like specifications, or some other source with measurement specifications unrelated to HEDIS®). If the measures were calculated using HEDIS® or</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2004).

Column 3: For each performance measure listed in Column 1, please indicate the data source(s); the definition of the population included in the measure (such as age, continuous enrollment, type of delivery system); the baseline measurement and baseline year; and your current performance, including the date of the most recent data reported. For rates, please specify the numerator and denominator that were used to calculate the rates. Please also note any comments on the performance measures or progress, such as data limitations, comparisons with external benchmarks, etc. and an explanation for changes from the baseline. Note: you do not need to report data for all delivery system types. You may choose to report data for only the delivery system with the most enrollees in your program.

**NOTE:** Please do not reference attachments in this table. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.

Measure	Measurement Specification	Performance Measures and Progress
<b>Well child visits in the first 15 months of life</b>  Not Reported Because: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain.</i> <input type="checkbox"/> Not able to report due to small sample size (less than 30.) <i>Specify sample size.</i> <input checked="" type="checkbox"/> Other. <i>Explain.</i>  Well child visits in the 1st 15 months of life	<input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used.</i>  <input type="checkbox"/> HEDIS-Like. <i>Explain how HEDIS was modified.</i> <i>Specify version of HEDIS used.</i>  <input checked="" type="checkbox"/> Other. <i>Explain.</i>  CMS 416 Report Format	Data Source(s): Agency Data Files  Definition of Population Included in Measure: CHIP eligible children 15 months of age between 10/1/04 and 9/30/05 NOTE: Does not include CHIP eligible children enrolled in managed care HMO plan (Share Advantage - United Health Care)  Baseline / Year: (Specify numerator and denominator for rates) Baseline Year: ffy 2005 Numerator = # of screens received. Denominator = expected # of screens  Performance Progress/Year: (Specify numerator and denominator for rates) 2005: Screening Ratio = 77.65% 2894/3727  Explanation of Progress: Measure met  Other Comments on Measure: none
<b>Well child visits in children the 3rd, 4th, 5th, and 6th years of life</b>  Not Reported Because: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain.</i>	<input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used.</i>  <input type="checkbox"/> HEDIS-Like. <i>Explain how HEDIS was modified.</i> <i>Specify version of HEDIS used.</i>	Data Source(s): Agency Data Files

Measure	Measurement Specification	Performance Measures and Progress
		<p>Definition of Population Included in Measure: CHIP eligible children age 3, 4, 5, and 6 between 10/1/2004 and 9/30/2005.</p> <p>Baseline / Year: (Specify numerator and denominator for rates) Baseline Year = ffy 2005 Numerator = # total screens received. Denominator = expected # of screens.</p> <p>Performance Progress/Year: (Specify numerator and denominator for rates) Baseline Year: 2005 Screening Ratio: 3 y/o = 54.1% 568/1050 4 y/o = 61.91% 564/911 5 y/o = 85.16% 775/910 6 y/o = 29.0% 348/1200</p> <p>Explanation of Progress: Measure met</p> <p>Other Comments on Measure: none</p>
<p><b>Use of appropriate medications for children with asthma</b></p> <p>Not Reported Because:</p> <p><input type="checkbox"/> Population not covered.</p> <p><input type="checkbox"/> Data not available. <i>Explain.</i></p> <p><input type="checkbox"/> Not able to report due to small sample size (less than 30.) <i>Specify sample size.</i></p> <p><input checked="" type="checkbox"/> Other. <i>Explain.</i></p> <p>Use of appropriate medications for children with asthma</p>	<p><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used.</i></p> <p><input checked="" type="checkbox"/> HEDIS-Like. <i>Explain how HEDIS was modified. Specify version of HEDIS used.</i></p> <p><input type="checkbox"/> Other. <i>Explain.</i></p> <p>Medicaid administrative data</p>	<p>Data Source(s): Agency Data Files</p> <p>Definition of Population Included in Measure: CHIP eligible children ages 5-18 yrs who were eligible for 11 of 12 months in 2003 &amp; 2004.</p> <p>Baseline / Year: (Specify numerator and denominator for rates) Baseline Year = ffy 2005 Numerator: Children who have recieved long-term asthma medication (per HEDIS definition) during the calendar year 2003 or 2004. Denominator: Children diagnosed with persistent asthma (per HEDIS definition) in 2003 &amp; 2004.</p> <p>Performance Progress/Year: (Specify numerator and denominator for rates) CHIP rate = 78.4% 232/296 [Medicaid rate = 73.9% 1031/1395] [National Medicaid rate for children = 61.3% for 5-9 y/o and 61.4% for 10-17 y/o]</p>

Measure	Measurement Specification	Performance Measures and Progress
		Explanation of Progress: Measure met  Other Comments on Measure: none
<b>Children's access to primary care practitioners</b>  Not Reported Because: <div> <input type="checkbox"/> Population not covered.             <input type="checkbox"/> Data not available. <i>Explain.</i> <input type="checkbox"/> Not able to report due to small sample size (less than 30.) <i>Specify sample size.</i> <input checked="" type="checkbox"/> Other. <i>Explain.</i> </div> This measure is monitored as part of Nebraska's Quality Assessment and Improvement Plan.	<div> <input type="checkbox"/> HEDIS.  <i>Specify version of HEDIS used.</i> <input type="checkbox"/> HEDIS-Like.  <i>Explain how HEDIS was modified. Specify version of HEDIS used.</i> <input checked="" type="checkbox"/> Other. <i>Explain.</i> </div> N/A	Data Source(s): N/A  Definition of Population Included in Measure: N/A  Baseline / Year: (Specify numerator and denominator for rates) N/A  Performance Progress/Year: (Specify numerator and denominator for rates) N/A  Explanation of Progress: N/A  Other Comments on Measure:
<b>Adult Comprehensive diabetes care (hemoglobin A1c tests)</b>  Not Reported Because: <div> <input checked="" type="checkbox"/> Population not covered.             <input type="checkbox"/> Data not available. <i>Explain.</i> <input type="checkbox"/> Not able to report due to small sample size (less than 30.) <i>Specify sample size.</i> <input type="checkbox"/> Other. <i>Explain.</i> </div> N/A	<div> <input type="checkbox"/> HEDIS.  <i>Specify version of HEDIS used.</i> <input type="checkbox"/> HEDIS-Like.  <i>Explain how HEDIS was modified. Specify version of HEDIS used.</i> <input checked="" type="checkbox"/> Other. <i>Explain.</i> </div> N/A	Data Source(s): N/A  Definition of Population Included in Measure: N/A  Baseline / Year: (Specify numerator and denominator for rates) N/A  Performance Progress/Year: (Specify numerator and denominator for rates) N/A  Explanation of Progress: N/A  Other Comments on Measure: N/A
<b>Adult access to preventive/ambulatory health services</b>  Not Reported Because: <div> <input checked="" type="checkbox"/> Population not covered             <input type="checkbox"/> </div>	<div> <input type="checkbox"/> HEDIS.  <i>Specify version of HEDIS used.</i> <input type="checkbox"/> HEDIS-Like.  <i>Explain how HEDIS was modified</i> </div>	Data Source(s): N/A

Measure	Measurement Specification	Performance Measures and Progress
		<p>Definition of Population Included in Measure: N/A</p> <p>Baseline / Year: (Specify numerator and denominator for rates) N/A</p> <p>Performance Progress/Year: (Specify numerator and denominator for rates) N/A</p> <p>Explanation of Progress: N/A</p> <p>Other Comments on Measure: N/A</p>
<p><b>Adult Prenatal and postpartum care (prenatal visits):</b></p> <p><input type="checkbox"/> Coverage for pregnant women over age 19 through a demonstration</p> <p><input type="checkbox"/> Coverage for unborn children through the SCHIP state plan</p> <p><input checked="" type="checkbox"/> Coverage for pregnant women under age 19 through the SCHIP state plan</p> <p>Not Reported Because: <input type="checkbox"/> Population not covered.</p> <p><input type="checkbox"/> Data not available. <i>Explain.</i></p> <p><input type="checkbox"/> Not able to report due to small sample size (less than 30.) <i>Specify sample size.</i></p> <p><input checked="" type="checkbox"/> Other. <i>Explain.</i></p> <p>Evaluation included in Prenatal Performance Improvement Project for managed care plan.</p>	<p><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used.</i></p> <p><input type="checkbox"/> HEDIS-Like. <i>Explain how HEDIS was modified. Specify version of HEDIS used.</i></p> <p><input checked="" type="checkbox"/> Other. <i>Explain.</i></p> <p>N/A</p>	<p>Data Source(s): N/A</p> <p>Definition of Population Included in Measure: N/A</p> <p>Baseline / Year: (Specify numerator and denominator for rates) N/A</p> <p>Performance Progress/Year: (Specify numerator and denominator for rates) N/A</p> <p>Explanation of Progress: N/A</p>

Measure	Measurement Specification	Performance Measures and Progress
		Other Comments on Measure: N/A

## SECTION IIB: ENROLLMENT AND UNINSURED DATA

- The information in the table below is the Unduplicated Number of Children Ever Enrolled in SCHIP in your State for the two most recent reporting periods. The enrollment numbers reported below should correspond to line 7 in your State's 4<sup>th</sup> quarter data report (submitted in October) in the SCHIP Statistical Enrollment Data System (SEDS). The percent change column reflects the percent change in enrollment over the two-year period. If the percent change exceeds 10 percent (increase or decrease), please explain in letter A below any factors that may account for these changes (such as decreases due to elimination of outreach or increases due to program expansions). This information will be filled in automatically by SARTS through a link to SEDS. Please wait until you have an enrollment number from SEDS before you complete this response.

Program	FFY 2004	FFY 2005	Percent change FFY 2004-2005
SCHIP Medicaid Expansion Program	44,646	44,706	0
Separate Child Health Program	0	0	

- Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent.

N/A

- Three-year averages in the number and/or rate of uninsured children in each state based on the Current Population Survey (CPS) are shown in the table below, along with the percent change between 1996-1998 and 2001-2003. Significant changes are denoted with an asterisk (\*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. SARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FY 2005 Annual Report Template.

	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
Period	Number	Std. Error	Rate	Std. Error
1996-1998	19	5.8	3.8	1.2
1998-2000	22	6.4	4.6	1.3
2000-2002	17	4.1	3.7	0.9
2002-2004	18	4.2	3.9	0.9
Percent change 1996-1998 vs. 2002-2004	(5.3)%	NA	2.6%	NA



- A. Please note any comments here concerning CPS data limitations that may affect the reliability or precision of these estimates.

N/A

3. If your State has an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please report in the table below. Data are required for two or more points in time to demonstrate change (or lack of change). Please be as specific and detailed as possible about the method used to measure progress toward covering the uninsured.

Data source(s)	
Reporting period (2 or more points in time)	
Methodology	
Population	
Sample sizes	
Number and/or rate for two or more points in time	
Statistical significance of results	

- A. Please explain why the state chose to adopt a different methodology to measure changes in the number and/or rate of uninsured children.
- B. What is the State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Provide a numerical range or confidence intervals if available.)
4. How many children do you estimate have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information. **(States with only a SCHIP Medicaid Expansion Program should skip this question.)**

## SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

In the table below, summarize your State's general strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. Use additional pages as necessary. **Please do not reference attachments in this table. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.** The table should be completed as follows:

Column 1: List your State's general strategic objectives for your SCHIP program and indicate if the strategic objective listed is new/revised or continuing. If you have met your goal and/or are discontinuing a strategic objective or goal, please continue to list the objective/goal in the space provided below, and indicate that it has been discontinued, and provide the reason why it was discontinued. Also, if you have revised a goal, please check "new/revised" and explain how and why it was revised.

**Note: States are required to report objectives related to reducing the number of uninsured children. (This/these measure(s) should reflect what was reported in Section IIB, Question(s) 2 and 3. Progress towards reducing the number of uninsured children should be reported in this section.)**

Column 2: List the performance goals for each strategic objective. Where applicable, provide the measurement specification (i.e., were the measures calculated using the HEDIS® technical specifications, HEDIS®-like specifications, or some other source with measurement specifications unrelated to HEDIS®).

Column 3: For each performance goal listed in Column 1, please indicate the data source(s); the definition of the population included in the measure (such as age, continuous enrollment, type of delivery system); the methodology used; the baseline measurement and baseline year; and your current performance, including the date of the most recent data reported. For rates, please specify the numerator and denominator that were used to calculate the rates. Please note any comments on the performance measures or progress, such as data limitations, comparisons with external benchmarks, or the like.

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
<b>Objectives Related to Reducing the Number of Uninsured Children (Mandatory for all states for each reporting year) (This/these measure(s) should reflect what was reported in Section IIB, Question(s) 2 and 3.)</b>		
<div> <input type="checkbox"/> New/revised         </div> <div> <input checked="" type="checkbox"/> Continuing         </div> <div> <input type="checkbox"/> Discontinued         </div> <div>           Explain:         </div>	<div>Goal #1:</div> <div>By December 31 of each calendar year, Kids Connection information will be distributed to each public school district for each enrolled student.</div>	<div>Data Source(s): Agency Records</div> <div>Definition of Population Included in Measure: N/A</div> <div>Methodology: Review agency print and mailing order forms to determine mailing was completed prior to December 31.</div> <div>Baseline / Year: (Specify numerator and denominator for rates) 1998 and on-going 2005: 326,083 students enrolled in 710 public school districts in 2004-2005</div> <div>Performance Progress / Year: (Specify numerator and denominator for rates) Mailing completed in October 2005</div> <div>Explanation of Progress: Measure met</div>

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
		Other Comments on Measure:
<p>New/revised <input type="checkbox"/></p> <p>Continuing <input checked="" type="checkbox"/></p> <p>Discontinued <input type="checkbox"/></p> <p>Explain:</p>	<p>Goal #2:</p> <p>Public Health Nurses in 88 counties will distribute Kids Connection applications and assist potentially eligible families in the application process.</p>	<p>Data Source(s): Agency Records</p> <p>Definition of Population Included in Measure: N/A</p> <p>Methodology: Track # of applications distributed by Public Health Nurses.</p> <p>Baseline / Year: (Specify numerator and denominator for rates) 1998 &amp; on-going. 2005: 4,812 applications distributed by PHNs</p> <p>Performance Progress / Year: (Specify numerator and denominator for rates) N/A</p> <p>Explanation of Progress: Measure met</p> <p>Other Comments on Measure:</p>
<p>New/revised <input type="checkbox"/></p> <p>Continuing <input checked="" type="checkbox"/></p> <p>Discontinued <input type="checkbox"/></p> <p>Explain:</p>	<p>Goal #3:</p> <p>Coordinate outreach to families of targeted low-income uninsured children with Medicaid's network of contracted Public Health Nurses through quarterly meetings and training sessions.</p> <p>Coordinate outreach to families of targeted low-income uninsured children with Nebraska's Covering Kids &amp; Families Grantee, Voices for Children through participation on the CK&amp;F Coalition and Governing Board.</p>	<p>Data Source(s): Agency records</p> <p>Definition of Population Included in Measure: N/A</p> <p>Methodology: Review agency records for dates of meetings and trainings. Review agency records for CK&amp;F Coalition and Governing Board meeting dates.</p> <p>Baseline / Year: (Specify numerator and denominator for rates) 1998 and on-going.</p>

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
		<p>Performance Progress / Year: (Specify numerator and denominator for rates) 2005: Public Health Nurse Network Meetings &amp; Trainings: October 12, 2004 - Grand Island October 15, 2004 - Norfolk April 7, 2005 - North Platte July 13, 2005 - Kearney Additional individual and small group training sessions were held as needed throughout the year. One-on-one meetings were held with nurses via telephone on an as-needed basis.</p> <p>Covering Kids &amp; Families: Coalition/Governing Board meetings - January 18, 2005, March 14, 2005, September 14-16, 2005 (CK&amp;F National Conference); Process Improvement Collaborative meetings - April 20, 2005, June 10, 2005, July 8, 2005, May 12-14, 2005 (PIC National Conference).</p> <p>Explanation of Progress: Measure met</p> <p>Other Comments on Measure: Final year for RWJ Covering Kids &amp; Families Grant. Grant funding ends for Voices for Children in Spring 2006.</p>

Objectives Related to SCHIP Enrollment		
(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
<input type="checkbox"/> New/revised  <input checked="" type="checkbox"/> Continuing  <input type="checkbox"/> Discontinued  Explain:	Goal #1:  Increase the # of children enrolled in the Title XXI Program.	Data Source(s): Agency eligibility data reports  Definition of Population Included in Measure: Children eligible for Title XXI  Methodology: Review monthly eligibility reports. Review annual eligiiti reports for unduplicated count of eligibles.  Baseline / Year: (Specify numerator and denominator for rates) 1998 & on-going  Performance Progress / Year: (Specify numerator and denominator for rates) 2005: Monthly Eligibility - Point in time: Oct. 2004 = 23,035 Sept. 2005 = 23,473 + 438 increase  Annual Unduplicated Count of Eligibles: FFY 2003: 45,490 FFY 2004: 44,646 FFY 2005: 44,706  Explanation of Progress: Measure met  Other Comments on Measure:
<input type="checkbox"/> New/revised  <input checked="" type="checkbox"/> Continuing  <input type="checkbox"/> Discontinued  Explain:	Goal #2:  Public Health Nurses will continue outreach and education to local agencies, medical, dental and vision providers, child care facilities and other community resources within their service areas to enroll children in Kids Connection.	Data Source(s): Quarterly reports  Definition of Population Included in Measure: N/A  Methodology: Track Public Health Nurse outreach presentations and potentially eligible contacts through quarterly reports.  Baseline / Year: (Specify numerator and denominator for rates) 1998 & on-going. 2005: 3,909 information presentations 1,547 contacts with potentially eligible clients  Performance Progress / Year: (Specify numerator and denominator for rates) Measure met  Explanation of Progress:

		Other Comments on Measure:
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(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
<input type="checkbox"/> New/revised  <input type="checkbox"/> Continuing  <input type="checkbox"/> Discontinued  Explain:	Goal #3:	Data Source(s):  Definition of Population Included in Measure:  Methodology:  Baseline / Year: (Specify numerator and denominator for rates)  Performance Progress / Year: (Specify numerator and denominator for rates)  Explanation of Progress:  Other Comments on Measure:
<b>Objectives Related to Medicaid Enrollment</b>		
<input type="checkbox"/> New/revised  <input type="checkbox"/> Continuing  <input type="checkbox"/> Discontinued  Explain:	Goal #1:	Data Source(s):  Definition of Population Included in Measure:  Methodology:  Baseline / Year: (Specify numerator and denominator for rates)  Performance Progress / Year: (Specify numerator and denominator for rates)  Explanation of Progress:  Other Comments on Measure:
<input type="checkbox"/> New/revised  <input type="checkbox"/> Continuing  <input type="checkbox"/> Discontinued	Goal #2:	Data Source(s):  Definition of Population Included in Measure:  Methodology:

Explain:

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
		<p>Baseline / Year: (Specify numerator and denominator for rates)</p> <p>Performance Progress / Year: (Specify numerator and denominator for rates)</p> <p>Explanation of Progress:</p> <p>Other Comments on Measure:</p>
<input type="checkbox"/> New/revised  <input type="checkbox"/> Continuing  <input type="checkbox"/> Discontinued  Explain:	Goal #3:	<p>Data Source(s):</p> <p>Definition of Population Included in Measure:</p> <p>Methodology:</p> <p>Baseline / Year: (Specify numerator and denominator for rates)</p> <p>Performance Progress / Year: (Specify numerator and denominator for rates)</p> <p>Explanation of Progress:</p> <p>Other Comments on Measure:</p>

**Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need)**

<input type="checkbox"/> New/revised  <input checked="" type="checkbox"/> Continuing  <input type="checkbox"/> Discontinued  Explain:	<p>Goal #1:</p> <p><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used.</i></p> <p><input type="checkbox"/> HEDIS-Like. <i>Explain how HEDIS was modified. Specify version of HEDIS used.</i></p> <p><input checked="" type="checkbox"/> Other. <i>Explain.</i></p> <p>Contracted Public Health Nurses will assist Kids Connection eligible children to secure medical, dental and visual care homes.</p>	<p>Data Source(s): Agency records and Quarterly reports</p> <p>Definition of Population Included in Measure: NOTE: For Goal related to PHN finding medical homes, statistics include adults and children, Medicaid and CHIP eligible, 88 counties contracted by PHNs. Does not include clients enrolled in Nebraska Health Connection, Nebraska Medicaid's managed care program. Managed care data includes CHIP eligible children only.</p> <p>Methodology: Review quarterly reports submitted by Public Health Nurses for # of medical, dental and visual care homes secured for Medicaid and CHIP eligible clients. Review Access Medicaid - NHC enrollment broker - auto-enroll reports for CHIP eligible children to determine # selecting PCP and # auto-assigned.</p>
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CHIP eligible children enrolled in Nebraska Health Connection (NHC), Medicaid's managed care plan will be assigned a Primary Care Physician (PCP).



(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
		<p>Baseline / Year: (Specify numerator and denominator for rates) 1998 &amp; on-going For PHNs = # of Medical, Dental and Visual Care Homes secured for CHIP/Medicaid eligible clients</p> <p>For NHC: Numerator = mo ave # CHIP eligible children auto-assigned to PCP Denominator = # of CHIP eligible children enrolled in NHC</p> <p>Performance Progress / Year: (Specify numerator and denominator for rates) 2005: Medical homes - 233 Dental homes - 811 Visual care homes - 291</p> <p>NHC: 2004: .22% (151/68,076) 2005: .20% (137/68,404)</p> <p>Explanation of Progress: Measure met</p> <p>Other Comments on Measure:</p>
<input type="checkbox"/> New/revised  <input checked="" type="checkbox"/> Continuing  <input type="checkbox"/> Discontinued  Explain:	<p>Goal #2:</p> <p><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used.</i></p> <p><input type="checkbox"/> HEDIS-Like. <i>Explain how HEDIS was modified. Specify version of HEDIS used.</i></p> <p><input checked="" type="checkbox"/> Other. <i>Explain.</i></p> <p>Contracted Public Health Nurses will work with Medicaid providers to assure access to care by providing No-show follow-up with Kids Connection clients.</p>	<p>Data Source(s): Quarterly reports</p> <p>Definition of Population Included in Measure: NOTE: statistics include adults and children, Medicaid and CHIP eligible, 88 counties contracted by PHNs. Does not include clients enrolled in Nebraska Health Connection, Nebraska Medicaid's managed care program.</p> <p>Methodology: Review quarterly reports for # of no-show follow-ups conducted by PHNs for medical, dental and visual care providers.</p> <p>Baseline / Year: (Specify numerator and denominator for rates) 1998 &amp; on-going</p> <p>Performance Progress / Year: (Specify numerator and denominator for rates) 2005: Medical No-show follow-up - 5,921 Dental No-show follow-up - 1,918 Visual Care No-show follow-up - 259</p> <p>Explanation of Progress: Measure met</p> <p>Other Comments on Measure:</p>

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
<input type="checkbox"/> New/revised <input checked="" type="checkbox"/> Continuing <input type="checkbox"/> Discontinued  Explain:	Goal #3:  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used.</i>  <input type="checkbox"/> HEDIS-Like. <i>Explain how HEDIS was modified. Specify version of HEDIS used.</i>  <input type="checkbox"/> Other. <i>Explain.</i>  Contracted Public Health Nurses will distribute information about the benefits of EPSDT to each family for every newly eligible Kids Connection child.	Data Source(s): Quarterly reports  Definition of Population Included in Measure: Kids Connection eligible children: includes Medicaid and CHIP eligible children age 20 and under, excludes clients in Nebraska Health Connection.  Methodology: Review quarterly reports submitted by PHNs.  Baseline / Year: (Specify numerator and denominator for rates) 1998 & on-going  Performance Progress / Year: (Specify numerator and denominator for rates) 2005: 21,092 newly eligible contacts made by PHNs  Explanation of Progress: Measure met  Other Comments on Measure:
<b>Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)</b>		
<input type="checkbox"/> New/revised <input checked="" type="checkbox"/> Continuing <input type="checkbox"/> Discontinued  Explain:	Goal #1:  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used.</i>  <input type="checkbox"/> HEDIS-Like. <i>Explain how HEDIS was modified. Specify version of HEDIS used.</i>  <input checked="" type="checkbox"/> Other. <i>Explain.</i>  EPSDT Participation - Wellness Screening Ratio for CHIP and Medicaid Children	Data Source(s): Agency data reports  Definition of Population Included in Measure: CHIP and Medicaid eligible children age 20 and under  Methodology: CMS 416 Report Nebraska FY 2004  Baseline / Year: (Specify numerator and denominator for rates) Numerator = # of total screens received for each age group Denominator = expected # of screens for each age group  Performance Progress / Year: (Specify numerator and denominator for rates) Nebraska FY 2004: <1 = 94.3% 41,555/44,069 1-2 = 102.54% 38,383/37,390 3-5 = 66.72% 14,954/22380 6-9 = 41.35% 5,012/12,105 10-14 = 40.84% 11,026/26,957 15-18 = 41.83% 7,575/18,110 19-20 = 55.25% 2,027/3,669  Explanation of Progress: Measure met  Other Comments on Measure:

(1) Strategic Objectives (specify if it is a new/revised objective or a continuing objective)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
<input type="checkbox"/> New/revised <input checked="" type="checkbox"/> Continuing <input type="checkbox"/> Discontinued  Explain:	Goal #2:  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used.</i>  <input type="checkbox"/> HEDIS-Like. <i>Explain how HEDIS was modified. Specify version of HEDIS used.</i>  <input checked="" type="checkbox"/> Other. <i>Explain.</i>  Annual EPSDT Participation Report: Preventive Dental Services	Data Source(s): Agency data reports  Definition of Population Included in Measure: CHIP and Medicaid eligible children age 20 and under  Methodology: Form CMS 416: Annual EPSDT Participation Report  Baseline / Year: (Specify numerator and denominator for rates) Numerator = # of eligibles receiving preventive dental services in each age group Denominator = total # of individuals eligible for EPSDT in each age group  Performance Progress / Year: (Specify numerator and denominator for rates) Nebraska FY 2004 Participant Ratio: <1 = 94.16 468/12591 1-2 = 6.03 1411/23395 3-5 = 42.25 11835/28015 6-9 = 55.78 16903/30301 10-14 = 52.52 17508/33335 15-18 = 40.97 9391/22924 19-20 = 47.12 3033/6437  Explanation of Progress: Measure met  Other Comments on Measure:
<input type="checkbox"/> New/revised  <input type="checkbox"/> Continuing  <input type="checkbox"/> Discontinued  Explain:	Goal #3:  <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used.</i>  <input type="checkbox"/> HEDIS-Like. <i>Explain how HEDIS was modified. Specify version of HEDIS used.</i>  <input type="checkbox"/> Other. <i>Explain.</i>	Data Source(s):  Definition of Population Included in Measure:  Methodology:  Baseline / Year: (Specify numerator and denominator for rates)  Performance Progress / Year: (Specify numerator and denominator for rates)  Explanation of Progress:  Other Comments on Measure:

2. What other strategies does your state use to measure and report on access to, quality, or outcomes of care received by your SCHIP population? What have you found?

The United Health Plan(UHC), Share Advantage, annually reports their NCQA HEDIS measures to NHHSS Managed Care Unit. TUHC uses the current HEDIS Technical Specifications and sample as detailed in the specifications. The method UHC uses looks at both administrative data and medical records. They are however often under-reported because Medicaid children will sometimes use the Public Health Clinics and not the immunizations these children receive will not be reflected in either the claims or medical record. The rates have increased for UHC in 2003 and 2004 but need to increase further:

Year% Childhood Immunizations Combo 1\* Numerator Denominator

2001	55.96%	230	411
2002	56.93%	234	411
2003	67.64%	278	411
2004	64.72%	266	411

\*(Combo 1 = 4 DTap, 3 Polio, 1 MMR, 3 HBV, 3 Hib)

UHC has included articles on guidelines and rates of completion in the physician's newsletters and articles in the member newsletters on the schedules for immunizations and the importance of childhood immunizations. Additionally, Nebraska Medicaid has participated in the Government Performance Results Act (GPRA) Immunization Project from 2000 to 2005, which brought attention to the immunization issue and showed that the state had approximately 60% of our two years olds fully immunized. Our enrollment broker, Access Medicaid, surveys parents to determine the level of immunizations that parents think are complete. The parents reported an immunization completion rate of 94% in the 3rd quarter of 2004/05. Access Medicaid is currently focusing on getting parental involvement by providing parents with immunization records to be completed by the child's doctor and kept by the parents. Hospitals distribute immunization information and records to parents of newborns through the state's Immunization Program.

Each quarter HHSS sends immunization information to the managed care PCCM administrator, Blue Cross Blue Shield of Nebraska (BC/BS), so they can notify providers of children needing immunizations. UHC sends monthly reminder cards to parents regarding immunizations and UHC's Healthy First Step nurse and social worker remind and educate about immunizations when they have contact with families. Post partum packets sent to the clients contain an immunization record card and education.

UHC anticipates having the Universal Tracking database up and running in 2006, which will notify the Plan of the clients attached to a specific PCP who have not received their immunizations. Another project being considered is an incentive program for new moms to encourage well checks and immunizations.

The Medicaid managed care unit annually completes a hybrid method HEDIS on diabetes. CHIP HEDIS was run for the first time on 2004 data. The 2004 HEDIS technical specifications for a hybrid model were used, where administrative claims from the HHSS MMIS system were drawn. All children under 18 with a diagnosis of diabetes were included. The results below show that CHIP and the total Medicaid 18 – 75 year old groups were both above the National HEDIS rates for H1AC screens. The number of CHIP children enrolled in managed care was too small to report separately. This indicator will continue to be a Performance Improvement Project for UHC. The results for those continuously enrolled during 2004 were:

Denominator	Numerator	% H1AC
(With Diabetes)	(Diabetes & H1AC Screen)	Screen

CHIP 55	42	76.4%
< 18 years 244	163	66.8%
18-75yrs 1,631	1,282	78.6%
National HEDIS Medicaid		
(18 – 75 yrs)		73.9%

3. What strategies does your SCHIP program have for future measurement and reporting on access to, quality, or outcomes of care received by your SCHIP population? When will data be available?

The managed care plans submit quarterly reports that detail information on customer complaints, quality issues, HEDIS reports, geo-mapping of access to care, and any quality of care, sentinel events, or other issues of concern. UHC also does annual customer and physician surveys to monitor client and provider satisfaction. Access Medicaid, the enrollment broker, does customer satisfaction phone surveys for managed care enrollees. The surveys include access, quality and outcome issues. No access issues or quality issues have been reported in the past 4 quarters for medical/surgical care in the managed care arena. Quarterly reports are submitted three months after the end of the quarter. The reports are trended and are typically available within two months of receipt.

4. Have you conducted any focused quality studies on your SCHIP population, e.g., adolescents, attention deficit disorder, substance abuse, special health care needs or other emerging health care needs? What have you found?

N/A

5. Please attach any additional studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here and summarize findings or list main findings.

N/A

Enter any Narrative text below.

## SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

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Please reference and summarize attachments that are relevant to specific questions

### OUTREACH

1. How have you redirected/changed your outreach strategies during the reporting period?

Outreach continues on a statewide basis through the public school districts to each student enrolled through distribution of information each school year. In addition, applications are distributed at the community level by contracted Public Health Nurses (PHNs) who assist families to establish a medical home and educate the families about the benefits of EPDST. Kids Connection applications are distributed through hospitals, physician offices, clinics, community centers and day care centers. Kids Connection staff have targeted Limited English Speaking (LES) families in community classes and families living in a community homeless shelter this year as a additional outreach strategy. HHSS staff have targeted outreach to families of preschoolers through community activities such as promotions at the city zoo. Staff provide assistance to families to complete applications at local clinics through face-to-face contact and via the toll-free telephone number.

2. What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness?

Direct distribution of applications at community events where staff can answer questions about the program and assist families to complete the application are the most effective in getting families to apply. The annual distribution of information through the public school districts is most effective in increasing the number of applications received by the Central Entry Unit (CEU).

3. Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)? Have these efforts been successful, and how have you measured effectiveness?

Eligibility staff have attended LES classes at a local community center and answered questions about the program and assisted families to complete applications on-site. The Kids Connection CEU employs 2 bilingual Spanish speaking eligibility workers who receive many referrals of families inquiring about HHSS services and are able to meet the needs of these families above and beyond abilities of most staff. In addition, the CEU bilingual eligibility workers assist other HHSS staff to understand the cultural differences for the growing Hispanic population in Nebraska.

Nebraska contracts with a network of Public Health Nurses (PHNs) statewide who assist rural families to complete applications and find a local medical, dental, or visual care home if necessary. This support has been very valuable at the community level in securing access to care for the rural population in Nebraska and educating families about Kids Connection and the benefits of EPDST.

### SUBSTITUTION OF COVERAGE (CROWD-OUT)

***States with a separate child health program above 200 through 250% of FPL must complete question 1. All other states with trigger mechanisms should also answer this question.***

1. Does your state cover children between 200 and 250 percent of the FPL or does it identify a trigger mechanism or point at which a substitution prevention policy is instituted?

- ☐ Yes  
☐ No  
☒ N/A

If yes, please identify the trigger mechanisms or point at which your substitution prevention policy is instituted.

***States with separate child health programs over 250% of FPL must complete question 2. All other states with substitution prevention provisions should also answer this question.***

2. Does your state cover children above 250 percent of the FPL or does it employ substitution prevention provisions?

☐ Yes  
☐ No  
☒ N/A

If yes, identify your substitution prevention provisions (waiting periods, etc.).

***All States must complete the following 3 questions***

3. Describe how substitution of coverage is monitored and measured and the effectiveness of your policies.

Families are asked to provide health insurance information on the Kids Connection application. In addition, Nebraska conducts a data match with major third party payers for all children enrolled in the CHIP program at the time a claim is received to determine if an open health plan or insurance policy existed at the time of CHIP eligibility determination. If a match is found and the child has health insurance in addition to CHIP, follow-up is done at the local HHS office through the caseworker to determine if the child has access to the health plan or if the plan is no longer in effect. If the child has access and the plan is in effect, the CHIP case is closed.

4. At the time of application, what percent of applicants are found to have insurance?

None.

5. Describe the incidence of substitution. What percent of applicants drop group health plan coverage to enroll in SCHIP?

Unknown.

**COORDINATION BETWEEN SCHIP AND MEDICAID**

***(This subsection should be completed by States with a Separate Child Health Program)***

1. Do you have the same redetermination procedures to renew eligibility for Medicaid and SCHIP (e.g., the same verification and interview requirements)? Please explain.
2. Please explain the process that occurs when a child's eligibility status changes from Medicaid to SCHIP and from SCHIP to Medicaid. Have you identified any challenges? If so, please explain.
3. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain.

## ELIGIBILITY REDETERMINATION AND RETENTION

1. What measures does your State employ to retain eligible children in SCHIP? Please check all that apply and provide descriptions as requested.

- ☐ Conducts follow-up with clients through caseworkers/outreach workers
- ☒ Sends renewal reminder notices to all families
  - How many notices are sent to the family prior to disenrolling the child from the program?  
At least two.
  - At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the State?)  
The month before the review is due the worker sends out a computer-generated review form. A follow-up notice is sent if the form is not completed and returned.
- ☐ Sends targeted mailings to selected populations
  - Please specify population(s) (e.g., lower income eligibility groups)
- ☐ Holds information campaigns
- ☒ Provides a simplified reenrollment process,

*Please describe efforts (e.g., reducing the length of the application, creating combined Medicaid/SCHIP application)*

A preprinted redetermination form is mailed to the head of household. Nebraska's CHIP and children's medical assistance program application is a one-page (front/back) form which can be completed by the family and returned to the CEU (post office box) or the local HHS office. Documentation which must be returned with the form is minimal and consists of one month's income. The form has been revised since the implementation of CHIP for clarity and completeness.

- ☐ Conducts surveys or focus groups with disenrollees to learn more about reasons for disenrollment  
*please describe:*
- ☐ Other, *please explain:*

2. Which of the above strategies appear to be the most effective? Have you evaluated the effectiveness of any strategies? If so, please describe the evaluation, including data sources and methodology.

The simplified application: most applications come to our Central Entry Unit (CEU) complete with all the documentation necessary to process the application.

The preprinted redetermination form: client and advocate feedback on the preprinted redetermination form has been positive. Nebraska does not print the client's income on the form. Clients participating in the focus group when the form was developed did not want income information preprinted on the form.



3. Does your State generate monthly reports or conduct assessments that track the outcomes of individuals who disenroll, or do not reenroll, in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured, how many age-out, how many move to a new geographic area)

- ☐ Yes  
☒ No  
☐ N/A

When was the monthly report or assessment last conducted?

If you responded yes to the question above, please provide a summary of the most recent findings (in the table below) from these reports and/or assessments.

**Findings from Report/Assessment on Individuals Who Disenroll, or Do Not Reenroll in SCHIP**

Total Number of Dis-enrollees	Obtain other public or private coverage		Remain uninsured		Age-out		Move to new geographic area		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent

Please describe the data source (e.g., telephone or mail survey, focus groups) used to derive this information.

**COST SHARING**

1. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found?

No

2. Has your State undertaken any assessment of the effects of cost sharing on utilization of health services in SCHIP? If so, what have you found?

No

3. If your state has increased or decreased cost sharing in the past federal fiscal year, has the state undertaken any assessment of the impact of these changes on application, enrollment, disenrollment, and utilization of health services in SCHIP. If so, what have you found?

N/A

**PREMIUM ASSISTANCE PROGRAM(S) UNDER SCHIP STATE PLAN**

1. Does your State offer a premium assistance program for children and/or adults using Title XXI funds under any of the following authorities?

- ☐ Yes, please answer questions below.  
☒ No, skip to Section IV.

## Children

- ☐ Yes, Check all that apply and complete each question for each authority.
- ☐ Premium Assistance under the State Plan
- ☐ Family Coverage Waiver under the State Plan
- ☐ SCHIP Section 1115 Demonstration
- ☐ Medicaid Section 1115 Demonstration
- ☐ Health Insurance Flexibility & Accountability Demonstration
- ☐ Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)

## Adults

- ☐ Yes, Check all that apply and complete each question for each authority.
  - ☐ Premium Assistance under the State Plan (Incidentally)
  - ☐ Family Coverage Waiver under the State Plan
  - ☐ SCHIP Section 1115 Demonstration
  - ☐ Medicaid Section 1115 Demonstration
  - ☐ Health Insurance Flexibility & Accountability Demonstration
  - ☐ Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)
2. Please indicate which adults your State covers with premium assistance. (Check all that apply.)
- ☐ Parents and Caretaker Relatives
  - ☐ Childless Adults
3. Briefly describe your program (including current status, progress, difficulties, etc.)
4. What benefit package does the program use?
5. Does the program provide wrap-around coverage for benefits or cost sharing?
6. Identify the total number of children and adults enrolled in the premium assistance program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in premium assistance even if they were covered incidentally and not via the SCHIP family coverage provision).
- \_\_\_\_\_ Number of adults ever-enrolled during the reporting period
- \_\_\_\_\_ Number of children ever-enrolled during the reporting period
7. Identify the estimated amount of substitution, if any, that occurred or was prevented as a result of your premium assistance program. How was this measured?
8. During the reporting period, what has been the greatest challenge your premium assistance program has experienced?

9. During the reporting period, what accomplishments have been achieved in your premium assistance program?

10. What changes have you made or are planning to make in your premium assistance program during the next fiscal year? Please comment on why the changes are planned.

11. Indicate the effect of your premium assistance program on access to coverage. How was this measured?

12. What do you estimate is the impact of premium assistance on enrollment and retention of children? How was this measured?

13. Identify the total state expenditures for family coverage during the reporting period. **(For states offering premium assistance under a family coverage waiver only.)**

Enter any Narrative text below.

## SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (Note: This reporting period = Federal Fiscal Year 2005. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)

### COST OF APPROVED SCHIP PLAN

	2005	2006	2007
<b>Benefit Costs</b>			
Insurance payments	0	0	0
Managed Care	3,247,505	3,430,000	3602000
per member/per month rate @ # of eligibles	0	0	0
Fee for Service	39,360,624	41,570,000	43,648,000
<b>Total Benefit Costs</b>	42,608,129	45,000,000	47,250,000
(Offsetting beneficiary cost sharing payments)	0	0	0
<b>Net Benefit Costs</b>	\$ 42,608,129	\$ 45,000,000	\$ 47,250,000

### Administration Costs

Personnel	1,732,838	1,785,000	1,839,000
General Administration	0	0	0
Contractors/Brokers (e.g., enrollment contractors)	0	0	0
Claims Processing	906,908	952,000	1,000,000
Outreach/Marketing costs	0	0	0
Other General Administrative Overhead: legal services, human resources, & other administrative costs	48,294	51,000	54,000
Health Services Initiatives	0	0	0
<b>Total Administration Costs</b>	2,688,040	2,788,000	2,893,000
<b>10% Administrative Cap</b> (net benefit costs ÷ 9)	4,734,237	5,000,000	5,250,000

<b>Federal Title XXI Share</b>	32,500,001	34,302,226	35,375,887
<b>State Share</b>	12,796,168	13,485,774	14,767,113

<b>TOTAL COSTS OF APPROVED SCHIP PLAN</b>	45,296,169	47,788,000	50,143,000
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2. What were the sources of non-Federal funding used for State match during the reporting period?

- ☒ State appropriations
- ☐ County/local funds
- ☐ Employer contributions
- ☐ Foundation grants
- ☐ Private donations
- ☐ Tobacco settlement
- ☒ Other (specify) Only state funds were used for match.

Enter any Narrative text below.

## SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

Please reference and summarize attachments that are relevant to specific questions.

1. If you do not have a Demonstration Waiver financed with SCHIP funds skip to Section VI. If you do, please complete the following table showing whom you provide coverage to.

	SCHIP Non-HIFA Demonstration Eligibility					HIFA Waiver Demonstration Eligibility				
Children	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Parents	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Childless Adults	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Pregnant Women	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL

2. Identify the total number of children and adults ever enrolled (an unduplicated enrollment count) in your SCHIP demonstration during the reporting period.

\_\_\_\_\_ Number of **children** ever enrolled during the reporting period in the demonstration

\_\_\_\_\_ Number of **parents** ever enrolled during the reporting period in the demonstration

\_\_\_\_\_ Number of **pregnant women** ever enrolled during the reporting period in the demonstration

\_\_\_\_\_ Number of **childless adults** ever enrolled during the reporting period in the demonstration

3. What have you found about the impact of covering adults on enrollment, retention, and access to care of children?

4. Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (Federal Fiscal Year 2005 starts 10/1/04 and ends 9/30/05).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2005	2006	2007	2008	2009
<b>Benefit Costs for Demonstration Population #1 (e.g., children)</b>					
Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
<b>Total Benefit Costs for Waiver Population #1</b>					

### Benefit Costs for Demonstration Population #2 (e.g., parents)

Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
<b>Total Benefit Costs for Waiver Population #2</b>					

**Benefit Costs for Demonstration Population #3  
(e.g., pregnant women)**

Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
<b>Total Benefit Costs for Waiver Population #3</b>					

**Benefit Costs for Demonstration Population #4  
(e.g., childless adults)**

Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
<b>Total Benefit Costs for Waiver Population #3</b>					

**Total Benefit Costs**

(Offsetting Beneficiary Cost Sharing Payments)

**Net Benefit Costs** (Total Benefit Costs - Offsetting  
Beneficiary Cost Sharing Payments)


**Administration Costs**

Personnel					
General Administration					
Contractors/Brokers (e.g., enrollment contractors)					
Claims Processing					
Outreach/Marketing costs					
Other (specify)					
<b>Total Administration Costs</b>					
<b>10% Administrative Cap</b> (net benefit costs ÷ 9)					

**Federal Title XXI Share**

**State Share**


**TOTAL COSTS OF DEMONSTRATION**

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When was your budget last updated (please include month, day and year)?

Please provide a description of any assumptions that are included in your calculations.

Other notes relevant to the budget:

## SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

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1. For the reporting period, please provide an overview of your state's political and fiscal environment as it relates to health care for low income, uninsured children and families, and how this environment impacted SCHIP.

Nebraska, like many other states, can not sustain the current growth of our Medicaid and CHIP expansion program. As a result, the Unicameral passed Legislative Bill (LB) 709 in 2005 to reform Medicaid. The goal in Nebraska is to reform Medicaid while protecting the needs of people and defining the appropriate role of government in helping to ensure access to adequate and affordable health care for all Nebraskans, within the fiscal constraints of the state's budget.

LB 709 provides for reform efforts to moderate the growth of Medicaid spending, to ensure the sustainability of the Medicaid program for needy Nebraskans, to establish priorities and ensure flexibility in the allocation of Medicaid benefits, to examine the effects of changing economics and demographics and to offer alternatives to Medicaid eligibility.

Nebraska's Legislative Session for 2006 opened on January 4th. On January 18, 2006, Senators Jensen and Erdman introduced Legislative Bill (LB) 1248. LB 1248 is the Medicaid Assistance Act. It provides a public policy statement regarding medical assistance provided on behalf of eligible low-income Nebraska residents and re-codifies Medicaid statutes.

In addition, LB 1248, gives the department authority to establish a separate children's health insurance program as allowed under Title XXI for children who have a family income equal to or greater than one hundred fifty percent, but not greater than one hundred eighty-five percent, of the federal income poverty guideline. LB 1248 was referred to the Legislative Health and Human Services Committee and is set for Legislative Hearing on February 8, 2006.

Additional information about Nebraska Medicaid Reform can be accessed at <http://www.hhss.ne.gov/med/reform/>

2. During the reporting period, what has been the greatest challenge your program has experienced?

Access to dental care in the rural areas continues to be a challenge for CHIP and Medicaid eligible children particularly those requiring pediatric dental specialties. Medicaid staff, contracted Public Health Nurses, local office staff and HHSS staff continue to work with the Nebraska Dental Association and the Dental College to find solutions to access to care for CHIP and Medicaid eligible children.

3. During the reporting period, what accomplishments have been achieved in your program?

The addition of a second bilingual staff person in the Central Entry Unit (CEU) has been a great benefit to families applying for Kids Connection. Our bilingual staff (2) are a great asset. They can and do advocate for Spanish speakers as well as perform eligibility for Kids Connection and assist to answer the toll-free helpline. They have developed a positive reputation throughout the Health and Human Services System as knowledgeable, friendly and helpful resources for clients and other staff.

Outreach staff have targeted Limited English Speaking (LES) families at English Second Language (ESL) classes, clinics and various cultural activities in the community.

4. What changes have you made or are planning to make in your SCHIP program during the next fiscal year? Please comment on why the changes are planned.



Potential changes due to Medicaid Reform. See #1.

Development of a client brochure to assist families and clients to understand the benefits of CHIP and Medicaid and appropriate use of medical care, including the client's rights and responsibilities is a goal staff have for 2006.

EPSDT staff are also working to revise and update the EPSDT Brochure.

Enter any Narrative text below.